

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET**  
(FOR USE WITH FORM PTO-875)

SERIAL NO. **09/903,896**  
APPLICANT(S)

FILING DATE

**CLAIMS**

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1			X		X	
2				X		X
3				X		X
4				X		X
5	1		X	X	X	
6				X		X
7			1		1	
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49						
50						
TOTAL IND.	2		1		1	
TOTAL DEP.	9		5		7	
TOTAL CLAIMS	11		6		8	

	*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
54						
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97						
98						
99						
100						
TOTAL IND.						
TOTAL DEP.						
TOTAL CLAIMS						

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FILING DATE

*C and*

**CLAIMS**

	<del>AS FILED</del>		<del>AFTER 1st AMENDMENT</del>		<del>AFTER 2nd AMENDMENT</del>			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	X						51						
2		X					52						
3		X					53						
4		X					54						
5	X						55						
6		X					56						
7	X						57						
8		X					58						
9		X					59						
10		X					60						
11		X					61						
12		X					62						
13		X					63						
14		X					64						
15	I						65						
16		I					66						
17		I					67						
18		I					68						
19		I					69						
20		I					70						
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42							92						
43							93						
44							94						
45							95						
46							96						
47							97						
48							98						
49							99						
50							100						
TOTAL IND.	1						TOTAL IND.						
TOTAL DEP.	5						TOTAL DEP.						
TOTAL CLAIMS	10						TOTAL CLAIMS						